PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)		TY	TYPE		OR SMALLE		EN TITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FEE	7 70.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•		,	ี่ เร [ี] ย⊭		ОR	XS18=		
INDEPENDENT CLAIMS			minus 3 =		•			×43=		OR	X86=		
М	ULTIPLE DEPEI	NDENT CLAIM P	RESENT				Ι,	145=		OR	+290=		
*1	f the difference	in column 1 is	less than ze	ess than zero, enter "0" in co			T	OTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							. 5	MALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PAID I	BER BUSLY	PRESEUR CSTRA	, c	RATE	11:01 TIONAL FEE		RATE	ADDI TIONAL FEE	
	Total	· 64	Minus	6	4	3	>	(\$ 9±		OR	X\$18=		
	Independent	· 5	Minus		<u> </u>	- /	,	(43%		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145::		OR	+290=		
								TOTAL NY FEE		OR	TOTAL ADDIT FEE		
		(Column 1)		(Colun	nn 2ì	(Column 3)							
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER SUSUS	PRESENT EVTRA		RATE	ADDI- TIONAL FEE_		RATE	ADDI- TIONAL FEE	
	Total	62	Minus	6	4			នេទ្		OΉ	X\$18≖		
	Inoependent	. 5	Minus	••• [= .] [;	<43=		OR	X86=		
Ľ	FIRST PRESE	NTATION OF MU	LTIPLE DEPENDENT		CLAIM]	145=		or	+290=		
		•	•		•	•	الم	TOTAL OF FEE		OR.	TOTAL ADDIT FEE		
		(Column 1)		(Colun		(Column 3)			•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	AUDI- TIONAL FEE		RATE	- ADDI- TIONAL FEE	
	Total	•	Minus	** '	<u>.</u>	= .] [}	\$9=		OR	. XS18=		
	Independent	•	Minus	# # # #		=	ļ ,	(43≢		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										.200		
+145=									OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
· ••	If the "Highest Nur	mber Previously Pa	id For" IN THI	S SPACE is	s less that	n 20. enter "20	." ADD			OR	TOTAL ADDIT. FEE		